# Assessing Dependence, Comorbidity, and Trauma

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## Importance of Jail Screening for Mental and Substance Use Disorders

An increasing number of persons in jails have mental and/or substance use disorders. The most recent study of mental disorders in jails (Steadman et al., 2009) indicates that 15% of males and 31% of females have a major mental disorder – rates far surpassing those in the general population. Approximately three quarters of offenders have a diagnosable substance abuse or dependence disorder (Bureau of Justice Statistics, 2006; Peters et al., 1998). Given these findings, 10% of male inmates and 20% of female inmates in jail are estimated to have co-occurring mental and substance use disorders (CODs). A significant number of inmates also have a history of trauma related to past sexual, physical, or emotional abuse (Lewis, 2006; Zlotnick et al., 2008), and prevalence rates of trauma and Post-Traumatic Stress Disorder (PTSD) are significantly higher among inmates than in the general population (Steadman et al., 2009).

The presence of mental disorders or CODs among jail inmates increases the risk for subsequent arrest (Monahan et al., 2001, 2005). Once arrested, these inmates are more likely to be incarcerated, remain in jail significantly longer than other offenders (Bureau of Justice Assistance, 2006; Peters, Sherman, & Osher, 2008), and to rapidly cycle between the justice system and other social service systems. Persons exiting jails with mental disorders and CODs have high rates of homelessness, hospitalization, medical problems, relapse to substance abuse, suicide, and difficulties related to transportation and financial/social supports (Chandler et al, 2004; Osher, 2006; Peters & Bekman, 2007). This population also experiences poor outcomes in

traditional mental health and substance abuse treatment services, and often requires specialized treatment and supervision (Sacks et al., 2004; Sacks & Ries, 2005).

Early identification of inmates with mental disorders, trauma history, and CODs is necessary to provide effective triage to specialized services in jails and prisons and to provide successful reintegration to the community. Screening and assessment can help to stabilize psychiatric symptoms, reduce behavioral problems in jail and prison, identify treatment and other service needs to be addressed at the time of pre-trial release and sentencing, and to establish eligibility for jail diversion programs (Osher, Steadman, & Barr, 2003). Screening and assessment are also essential to reentry planning that occurs during incarceration (Peters & Bekman, 2007). Without early identification while in jail, inmates with mental disorders and CODs are unlikely to engage in treatment services following release from custody, and are more likely to relapse to drugs or alcohol, and to experience recurrence of psychiatric symptoms and criminal recidivism. Failure to identify prior trauma can lead to inappropriate diagnosis and services, and can also undermine involvement in treatment, supervision, and reentry planning.

**Content of Screening for Mental and Substance Use Disorders**

The ADAM II data collection protocol features a 20-25 minute interview and a voluntary drug screen for 10 different substances (Office of National Drug Control Policy, 2009). The interview includes queries for drug use in the past year and in the past month, days per month of drug use during the past year, injection of drugs, place of drug purchase, and method of transaction for drug purchases. Interview queries also address lifetime and past year involvement in drug treatment and mental health treatment, and "nights" of treatment during the last year. A drug use calendar is administered to all respondents who report illicit drug use in the

past year. This approach uses milestone events in the respondent's history as anchors to collect data on substance abuse, criminal justice involvement, participation in treatment services, and housing.

While the existing ADAM interview is relevant and useful, several additional content areas should be considered for inclusion in a newly configured Offender Drug Abuse Monitoring (ODAM) data collection protocol to more comprehensively address mental health and substance abuse issues. This data (new content items are described in the following section) would provide potentially valuable insights regarding the severity of mental health and substance abuse problems among U.S. inmate populations, and may have significant implications for policy and practice related to behavioral health services in jails and prisons, reentry planning services, and community-based services for offenders. Specifically, this new mental health screening data would address the need for screening and assessment, acute care (e.g., suicide prevention), psychotropic medications/psychiatric consultation, and for intensive mental health services in correctional and community-based (e.g., reentry/diversion) settings. In addition, the new substance abuse screening data would address the need for screening and assessment and for intensive substance abuse services in correctional and community-based settings.

The combined set of new items would also allow for analysis of the interaction of substance abuse and mental health problems over the course of the previous year; and trajectories of mental health treatment, substance abuse treatment, and arrest during this period as they're affected by drug/alcohol use, psychotropic medication use, peak(s) in mental health problem severity and in substance abuse problem severity, and participation in various types of other treatment services. Augmented screening items would also allow for examination of the relationship between mental health problem severity and type of substances used during the past

year, and accuracy in self-reporting substance abuse by mental health problem severity and substance abuse problem severity,

The following new content areas are recommended for inclusion in the ODAM data collection protocol, while recognizing the limited time availability for data collection at participating jail sites:

- Severity of mental health problems
- History of suicidal behavior, including recent suicidal thoughts and behavior
- History of psychotropic medication use (past, current)
- Other collateral indicators of mental health treatment needs (e.g., from friends or family)
- Current symptoms of trauma and PTSD
- Dates of involvement in mental health treatment during the past year (e.g., admission dates and length of participation), periods of psychotropic medication use during the past year, and point(s) of peak mental health problems
- Severity of substance abuse problems
- Other collateral indicators of substance abuse treatment needs (e.g., from friends or family)
- Dates of involvement in substance abuse treatment during the past year (e.g., admission dates and length of participation), and point(s) of peak substance abuse problems

To enhance the accuracy of ODAM data, queries related to mental health problems should be staged to follow the compilation of other less intrusive information (e.g., substance abuse problems; Peters, Bartoi, & Sherman, 2008). Information related to mental disorders, trauma, and substance use disorders may be compiled through interview and/or self-administered screening instruments. Most screening instruments may also be administered via computer. The rationale for addressing each of the new content areas in the ODAM data collection protocol is discussed in the following sections, which also provide recommendations for data collection procedures and specific screening instruments.

**Recommendations for Augmented Screening of Mental Disorders**

The ODAM data collection protocol would benefit from a measure of mental health problem severity. This information would more accurately describe inmates' mental health treatment needs along a problem severity continuum (e.g., mild, moderate, severe) and would supplement existing information related to the history of mental health treatment. A brief objective screening instrument would be the most efficient method of gathering mental health problem severity information, and one of the following instruments is recommended for this purpose:

- *Brief Jail Mental Health Screen* (BJMHS; Steadman et al., 2005; 2007): An 8-item public domain screen examining current symptoms of major mental disorders, current medication use, and lifetime history of psychiatric hospitalization; and requiring approximately 3-5 minutes to administer.
- *Mental Health Screening Form-III* (MHSF-III; Carroll & McGinley, 2001): An 18-item public domain screen that examines current and past symptoms of major mental disorders, and requires approximately 15 minutes to administer.

Both instruments can be self-administered or provided during an interview, and yield an easily interpretable score on a continuous numerical scale. Thresholds or 'cut-off' scores are available which signify high severity of mental health problems. The BJMHS and MHSF have very acceptable psychometric properties for use with offender populations.

Augmented mental health screening should also include queries (administered either by self-report or interview) for history of past and current suicidal behavior and for past and current use of psychotropic medication. This information would help to determine the need for acute mental health care needs in jails, prisons, and community/reentry settings. Use of psychotropic medications is a frequently used proxy to estimate the prevalence of mental disorder, when a formal diagnostic assessment is not conducted. One supplementary indicator of mental health

problem severity and need for treatment would consist of a probe (administered either by self-report or interview) asking whether friends or family have ever indicated that the person needed mental health treatment.

Another recommended area for augmented mental health screening is current symptoms of trauma and PTSD. This information is highly relevant in identifying needs for specialized (e.g., gender-specific) mental health services in jails and prison, and for triage to services and supervision during community reentry. A brief objective screening instrument would be the most efficient method of gathering information related to trauma and PTSD, and one of the following instruments is recommended for this purpose:

- *Primary Care PTSD Screen* (PC-PTSD; Prins, et al., 2004): A 4-item public domain screen developed for use in primary health care settings and the VA system. This instrument examines symptoms of PTSD in the past month and requires approximately 2 minutes to administer.
- *PTSD Checklist – Civilian Version* (PCL-C; Weathers et al., 1991): A 17-item screen for diagnostic symptoms of PTSD. The PCL-C examines symptoms occurring in the past month that are commonly experienced in response to stressful life events, and requires approximately 8-10 minutes to administer.

Both instruments can be self-administered or provided during an interview, yield an easily interpretable score on a continuous numerical scale, provide threshold or 'cut-off' scores signifying high severity of trauma/PTSD symptoms, and have very acceptable psychometric properties.

A final recommendation for enhancing screening of mental disorders is to incorporate several new mental health items within the drug use calendar interview. Using specific anchors (e.g., holidays, birthdays) within the existing calendaring approach implemented to assess drug use, the interview would assess dates of involvement in outpatient and inpatient mental health

_____ during the past year. This would yield an estimate of the duration of treatment and start and end dates of treatment. The calendaring interview would also identify 'peak' periods of mental health problem severity during the past year, and beginning and ending dates of psychotropic medication use.

**Recommendations for Augmented Screening of Substance Use Disorders**

The ODAM data collection protocol would benefit from a measure of substance abuse problem severity. This information would more accurately describe inmates' substance abuse treatment needs along a problem severity continuum (e.g., mild, moderate, severe) and would supplement existing information related to the history of drug treatment. A brief objective screening instrument would be the most efficient method of gathering mental health problem severity information, and one of the following instruments is recommended for this purpose:

- *Simple Screening Instrument* (SSI; Center for Substance Abuse Treatment, 1994): A 16-item public domain screen that examines symptoms of substance dependence experienced during the past 6 months, and that requires approximately 5-10 minutes to administer.
- *Texas Christian University Drug Screen-II* (TCUDS-II; Simpson & Knight, 1998): A 15-item public domain screen that examines substance dependence within the past 12 months, based on the DSM diagnostic criteria. The TCUDS-II includes probes for frequency of substance use, history of treatment, substance dependence, and motivation for treatment; and requires approximately 5-10 minutes to administer.

Both instruments can be self-administered or provided during an interview, and yield an easily interpretable score on a continuous numerical scale. Thresholds or 'cut-off' scores are available which signify high severity of substance use problems. The TCUDS-II and SSI have very acceptable psychometric properties for use with offender populations, and were found to be the most effective among several comparable screens used to detect substance use disorders among offenders (Peters et al., 1998).

One supplementary indicator of substance abuse problem severity and need for treatment would consist of a probe (administered either by self-report or interview) asking whether friends or family have ever indicated that the person needed substance abuse treatment.

A final recommendation for enhancing screening of substance use disorders is to incorporate several new items within the drug use calendar interview. Using specific anchors (e.g., holidays, birthdays) within the existing calendaring approach implemented to assess drug use, the interview would assess dates of involvement in substance abuse treatment (outpatient, inpatient) during the past year. This would yield an estimate of the duration of treatment and start and end dates of treatment. The calendaring interview would also identify 'peak' periods of substance abuse problem severity during the past year.

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